

X2013-1607

PRINTED: 11/16/2013  
FORM APPROVED

Washington State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>60429197</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/08/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>CASCADE BEHAVIORAL HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>12844 MILITARY ROAD SOUTH TUKWILA, WA 98168</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	<b>INITIAL COMMENTS</b>  <b>INITIAL STATE LICENSING SURVEY - Psychiatric Hospital</b>  This state licensing survey was conducted 11/7/2013 to 11/8/2013 by Larry Anderson, RS; and Elizabeth Gordon, RN, MN.  <b>ASE # 59FR11</b>	L 000	<b>Plan of Correction instructions:</b>  An acceptable Plan of Correction must include the following:  HOW the deficiency will be or was corrected;  WHO is responsible for the correction,  WHAT monitors will be put in place to assure continuing compliance,  WHEN each deficiency will be corrected. Insert anticipated date of correction in far right column under "Complete Date". Correction cannot take longer than 60 days without surveyor's approval.  A progress Report with a summary of corrective actions is due no later than 90 days after the survey was completed.  The administrator or representative's signature and signing date are required on the first (original) page of the report.  Please return the original survey report to:  Elizabeth Gordon, RN, MN Manager, Hospital Survey Team Department of Health Investigation and Inspection Office PO Box 47874 Olympia, WA 98504-7874	

By signing, I understand these findings and agree to correct as noted:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Matt Crockett*

TITLE

CEO

(X6) DATE

11/21/13

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L 425	Continued From Page 1	L 425		
L 425	<p><b>322-040.2 ADMIN-STAFF PROVISIONS</b></p> <p>WAC 246-322-040 Governing Body and Administration. The governing body shall: (2) Provide staff, facilities, equipment, supplies and services to meet the needs of patients within the purposes of the hospital; This WAC is not met as evidenced by:</p> <p>1. Based on interview, the hospital failed to develop a process for providing pharmaceutical services to meet the needs of patients.</p> <p>Findings:</p> <p>An interview with the Director of Nursing/Chief Operating Officer (Staff Member #1) on 11/8/2013 at 9:58 AM revealed that the hospital was planning to contract with a local hospital for management of pharmacy services including pharmacy policies and procedures. The contracted service was reported to include a pharmacist and support staff. As of 11/8/2013, there was no contract for the provision of pharmaceutical services.</p> <p>2. Based on interview, the hospital failed to establish an effective hospital-wide infection control program.</p> <p>Findings:</p> <p>An interview with the Director of Nursing/Chief Operating Officer (Staff Member #1) on 11/7/2013 at 10:30 AM revealed that the hospital did not currently have plans for the establishment of a hospital wide infection control program.</p>	L 425		

By signing, I understand these findings and agree to correct as noted:

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L 425	Continued From Page 2	L 425			
L 440	<p>322-040.5 ADMIN-MEDICAL DIRECTOR</p> <p>WAC 246-322-040 Governing Body and Administration. The governing body shall: (5) Appoint a psychiatrist as medical director responsible for directing and supervising medical treatment and patient care twenty-four hours per day; This WAC is not met as evidenced by:</p> <p>Based on interview, the hospital failed to appoint a psychiatrist as medical director responsible for directing and supervising medical treatment and patient care.</p> <p>Findings:</p> <p>An interview with the chief executive officer (Staff Member #2) on 11/8/2013 at 3:17 PM revealed that the hospital had not appointed a psychiatrist as medical director.</p>	L 440			
L 450	<p>322-040.7 ADMIN-APPOINT STAFF</p> <p>WAC 246-322-040 Governing Body and Administration. The governing body shall: (7) Appoint and periodically reappoint the professional staff; This WAC is not met as evidenced by:</p> <p>Based on interview, the hospital failed to develop a process to appoint and re-appoint professional staff.</p>	L 450			

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L 450	Continued From Page 3  Findings:  An interview with the chief executive officer (Staff Member #2) on 11/8/2013 at 3:17 PM revealed that a policy for appointment and reappointment of professional staff was in the process of being developed by him/her but was not finished at the time of the survey.	L 450			
L 505	322-050.1A PROVIDE PATIENT SERVICES  WAC 246-322-050 Staff. The licensee shall: (1) Employ sufficient, qualified staff to: (a) Provide adequate patient services; This WAC is not met as evidenced by: Based on interview, the hospital failed to provide a clearly defined plan for onboarding and educating clinical staff in order to provide adequate patient care services following the transition from an acute care hospital to a psychiatric hospital.  Findings:  An interview with the Director of Nursing/Chief Operating Officer (Staff Member #1) and the clinical educator (Staff Member #3) on 11/8/2013 at 9:30 AM revealed that the hospital was planning to have meetings with patient care staff the week of 11/11/2013 to review the transition from an acute care hospital to a psychiatric hospital including but not limited to providing required education and hiring information. However, the hospital did not present a specific plan for onboarding clinical staff or for providing education specific to the psychiatric hospital regulations.	L 505			

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L 505	Continued From Page 4	L 505			
L 690	<p>322-100.1A INFECT CONTROL-P&amp;P</p> <p>WAC 246-322-100 Infection Control. The licensee shall: (1) Establish and implement an effective hospital-wide infection control program, which includes at a minimum: (a) Written policies and procedures describing: (i) Types of surveillance used to monitor rates of nosocomial infections; (ii) Systems to collect and analyze data; and (iii) Activities to prevent and control infections; This WAC is not met as evidenced by:</p> <p>Based on review of policies and procedures, the hospital failed to develop written infection control policies and procedures that described types of surveillance activities and systems to be used to collect and analyze data.</p> <p>Findings:</p> <p>Review of infection control policies and procedures on 11/7/2013 revealed that the hospital did not have policies and procedures that described types of surveillance activities the hospital was planning to use to monitor rates of infection. In addition, the hospital did not have policies and procedures that described systems the hospital planned to use to collect and analyze data.</p>	L 690			

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L 745	Continued From Page 5	L 745			
L 745	<p>322-100.2D INFECT CONTROL-SUPERVISION</p> <p>WAC 246-322-100 Infection Control. The licensee shall: (2) Assign one or more individuals to manage the infection control program with documented qualifications related to infection surveillance, prevention, and control, including: (d) Supervised experience; This WAC is not met as evidenced by:</p> <p>Based on Interview, the hospital failed to assign one or more individuals to manage the Infection control program.</p> <p>Findings:</p> <p>An Interview with the Director of Nursing/Chief Operating Officer (Staff Member #1) on 11/8/2013 at 10:30 AM revealed that the hospital did not have an employee (or contractor) assigned to manage the Infection control program with documented qualifications related to Infection surveillance, prevention, and control.</p>	L 745			
L 750	<p>322-100.3A INFECT CONTROL-COMMITTEE</p> <p>WAC 246-322-100 Infection Control. The licensee shall: (3) Designate an infection control committee, comprised of the individual or individuals assigned to manage the program and multi-disciplinary representatives from the professional staff, nursing staff and administrative staff, to: (a) Oversee the program;</p>	L 750			

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L 750	Continued From Page 6  This WAC is not met as evidenced by:  Based on interview, the hospital failed to designate a multidisciplinary infection control committee to oversee the infection control program.  Findings:  An interview with the Director of Nursing/Chief Operating Officer (Staff Member #1) on 11/8/2013 at 10:30 AM revealed that the hospital did not have an infection control committee.	L 750			
L 755	322-100.3B INFECT CONTROL-COMMITTEE  WAC 246-322-100 Infection Control. The licensee shall: (3) Designate an infection control committee, comprised of the individual or individuals assigned to manage the program and multi-disciplinary representatives from the professional staff, nursing staff and administrative staff, to: (b) Develop a committee-approved description of the program, including surveillance, prevention, and control activities; This WAC is not met as evidenced by:  Based on interview, the hospital failed to develop a committee-approved description of the infection control program that included surveillance, prevention, and control activities.  Findings:	L 755			

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L 755	Continued From Page 7  An interview with the Director of Nursing/Chief Operating Officer (Staff Member #1) on 11/7/2013 at 3:09 PM revealed that the hospital had not developed a description of the infection control program specific to the hospital and the hospital's patient population.	L 755		
L 780	<b>322-120.1 SAFE ENVIRONMENT.</b>  WAC 246-322-120 Physical Environment. The licensee shall: (1) Provide a safe and clean environment for patients, staff and visitors; This WAC is not met as evidenced by: Based on observation, the facility failed to provide an environment that was conducive to the safety of its patient population.  Findings:  On 11/7/2013, between the hours of 10:30 AM and 12:00 PM, Surveyor #1 noted the following ligature safety issues found on the 4th floor Geropsych unit, 3 North Detox unit and 3 South Stabilization unit:  1. Shower and water closet grab bars in patient and hall baths are not designed to prevent or minimize the potential for hanging (finding is common to all units);  2. Water closet flush valves are not designed to prevent or minimize the potential for hanging (finding is common to all units);  3. Lavatory faucets and faucet handles are not designed to prevent or minimize the potential for	L 780		

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L 780	Continued From Page 8  hanging (finding is common to all units);  4. A door closing device serving the 4th floor Geropsych activity room is not designed to prevent or minimize the potential for hanging.	L 780			
L 905	322-140.2C SECURITY ROOMS-OUTLETS  WAC 246-322-140 Patient living areas. The licensee shall: (2) Provide, in addition to the requirements in subsection (1) of this section, when security rooms are used: (c) Shielded and tamper-resistant lighting fixtures and electrical outlets; This WAC is not met as evidenced by: Based on observation, the facility failed to provide electrical outlets of a type that will prevent electrical shock to its patients.  Findings:  1. On 11/7/2013, at approximately 11:30 AM, Surveyor #1 noted that the patient sleeping rooms of the Stabilization unit located on 3 South lacked tamper resistant receptacles.	L 905			

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